

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90065 044 \*\*\*\*70.00

DOCUMENT # N03110

1. Entity Name

MIAMI BOOK FAIR INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 NE 2ND AVE STE. #1501 MIAMI FL 33132-2297 US	Mailing Address 300 NE 2ND AVE STE. #1501 MIAMI FL 33132-2204 US
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2. Principal Place of Business Suite, Apt. #, etc. <b>STE #1515</b>	3. Mailing Address Suite, Apt. #, etc. <b>STE #1515</b>
City & State	City & State

4. FEI Number <b>59-2415165</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33132-2296</b>	Country	Zip <b>33132-2296</b>	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MIAMI DADE COMMUNITY COLLEGE**  
**300 NE SECOND AVENUE, SUITE 10501**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Alina Interian*, **ALINA INTERIAN**, 5/1/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAISER, ROBERTA</b>	
STREET ADDRESS	<b>4101 PINE TREE DRIVE, #1006</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>KAPLAN, MITCHELL</b>	
STREET ADDRESS	<b>296 ARAGON AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SKIGEN, BARBARA</b>	
STREET ADDRESS	<b>592 NW 60TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BEACH, ELIZABETH</b>	
STREET ADDRESS	<b>6400 S.W. 133 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JUANITA</b>	
STREET ADDRESS	<b>300 N.E. 2ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alina Interian* **ALINA INTERIAN** 5/1/00 (305) 237-3258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)